



Patient & Family Guide
2021

Glaucoma Management

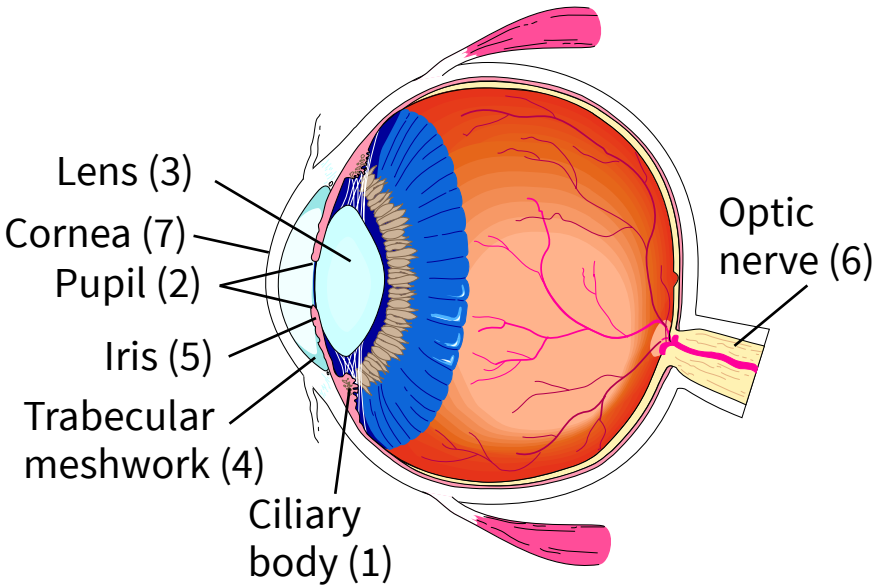
Aussi disponible en français :
Gestion du glaucome (FF85-1910)



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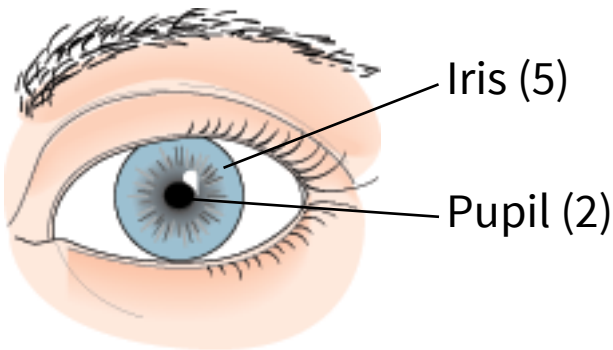
Glaucoma Management

Your eyes are filled with a fluid made by the ciliary body (1). This fluid flows through the pupil (2), in front of the lens (3), and then out through a drain called the trabecular meshwork (4). The iris (5) is the coloured part of your eye.



What is glaucoma?

Glaucoma is a disease where increased pressure in the eye damages the optic nerve (6 on page 1). It usually happens when trabecular meshwork (drain) does not work and fluid cannot drain from the eye. Fluid buildup in the front part of the eye increases pressure in your eye, damaging the optic nerve. This damage may at first cause loss of side vision. If left untreated, it may cause loss of central vision. Vision loss from glaucoma is irreversible (cannot be brought back).



The 2 main risk factors for glaucoma are a rise of pressure in the eye and age.

You are at a higher risk for glaucoma if you:

- › are 40 years of age or older
- › have a close family member that has glaucoma
- › are Black or of African descent

Some people may have glaucoma and damage to the optic nerve without a rise of pressure in the eye.

Glaucoma usually affects both eyes. One eye may be affected sooner and more than the other.

Vision loss from glaucoma cannot be brought back. Usually the pressure in the eye can be controlled to prevent further damage.

What are the types of glaucoma?

Chronic glaucoma

Chronic glaucoma is the most common type of glaucoma. You will not have any symptoms in the early stages. It is hard to detect and is often found during a regular eye test. Medications or laser treatments can often keep the pressure in the eye under control and prevent vision loss.

Acute glaucoma

This is caused by a blockage, which leads to a sudden rise of pressure in the eye. The eye gets red and painful, and vision becomes blurry. You may have a severe (very bad) headache with nausea (feeling sick to your stomach) and/or vomiting (throwing up). You may also see halos around lights. If this happens, **you must be treated as soon as possible** to prevent permanent damage to the eye.

How is glaucoma diagnosed?

Your health care provider may use a number of tests to find out if you have glaucoma.

Tonometry

This test measures the pressure in your eye. Your eye doctor will place an eye drop on your eye to freeze it. They will then place a small plastic instrument on your eye for a short time to measure the pressure.

Examining the optic nerve

Your eye doctor will look inside your eye to see if the optic nerve is damaged.

Gonioscopy

Your eye doctor will place a special lens on your eye. This lets them see the part of your eye that lets fluid drain.

Optic nerve images

Your eye doctor may take pictures of your eyes. In the future they can compare your eyes to these images, to see how they have changed.

Visual field tests

These tests show if you have lost peripheral (side) vision. They measure how well you can see an object when you are not looking directly at it.

- You will be seated in front of a machine in a dimly lit room. A patch will be placed over one eye. You will place your chin on a rest and your forehead against a band. The machine does not touch your eye. Each eye will be tested separately while the other eye is covered.
- We will show you a small light inside the bowl of the machine. You will be asked to press a buzzer when you see the light anywhere inside the bowl.
- Your responses will be recorded and printed. The doctor will interpret your results.

How is glaucoma treated?

The goal of treatment is to lower pressure in your eye and protect the optic nerve from damage. This is done by slowing the amount of fluid your eye makes or by making it easier for fluid to leave your eye.

There are 3 types of treatment:
medication, laser, and surgery.

1. Medication

Treatment usually starts with one kind of eye drop. A second or third type of eye drop may be added later, if needed. You may be given pills as well as eye drops. It is very important to take your medication as your health care provider tells you.

Do not skip any doses.

2. Laser

A laser is a highly focused beam of light. It is aimed at a certain part of the eye to create a small scar or a tiny opening. This will help fluid to drain or move more freely in your eye.

Laser trabeculoplasty

This treatment is for chronic (ongoing) open angle glaucoma. It makes it easier for fluid to drain from your eye.

You will be seated behind a laser machine. Your eye doctor will freeze your eye with eye drops and put a special contact lens on it. The treatment takes about 5 to 10 minutes, depending on the amount of treatment needed. Two (2) treatments may be needed, 4 to 6 weeks apart.

Laser iridotomy

This treatment is used to prevent or treat acute angle closure glaucoma. It lets fluid move more freely in your eye. You will sit at the laser, which is similar to the microscope used in your eye doctor's office. The laser beam is controlled through the microscope. Freezing drops will be placed in your eye. This helps with discomfort from the special contact lens that will be placed on your eye. The lens holds your eyelids apart and magnifies (makes bigger) the area being treated. A laser is used to make a small hole in the coloured part of your eye (iris). The treatment takes about 5 minutes.

3. Surgery

Please see the pamphlet *After Glaucoma Surgery*.

- › www.nshealth.ca/sites/nshealth.ca/files/patientinformation/0141.pdf

Important:

- Tell all of your health care providers that you are being treated for glaucoma. Take your eye drops and medications with you to your appointments to show them.
- Encourage your close relatives to visit an eye doctor, as glaucoma can run in families.
- Always return for follow-up visits as often as your eye doctor suggests.

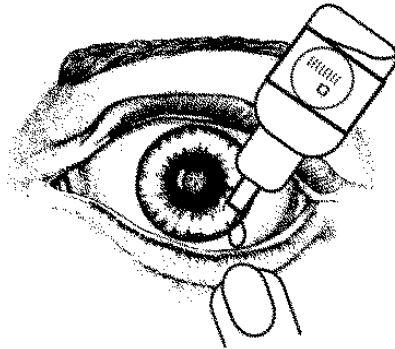
How do I use my eye drops?

Follow the eye drops schedule given to you by your health care provider.

- Wash your hands well.
- Shake the bottle well.
- You may sit or lie down. Tilt your head back.



- Open both eyes and look up. With one finger, gently pull your lower lid down.
- With the bottle in your other hand, hold it as close as possible to your eyelid without touching it. Place one drop into the pocket made where your lower lid is pulled down. The drop should not fall onto your cornea, as this will sting. The cornea is the clear tissue covering the front of your eye (7 on page 1).



- **Do not touch your eyelid or eye with the tip of the bottle.**
- Close your eye gently and keep it closed for one full minute. With a tissue, remove any extra drops from your cheek.
- Wash your hands well.
- **Do not stop using your drops unless your health care provider tells you to.** Take your drops every day as prescribed.

Notes:

Looking for more health information?

Find this pamphlet and all our patient resources here: <https://library.nshealth.ca/PatientEducation>

Contact your local public library for books, videos, magazines, and other resources.

For more information, go to <http://library.novascotia.ca>

Connect with a registered nurse in Nova Scotia any time: call 811 or visit <https://811.novascotia.ca>

Learn about other programs and services in your community: call 211 or visit <http://ns.211.ca>

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The information in this pamphlet is to be updated every 3 years or as needed.